DIAZEPAM (Valium®)

Classification:
- Anticonvulsant
- Sedative

Actions:
- Depresses the central nervous system
- Relaxes skeletal muscles
- Decreases patient recall (amnesic effect)

Indications:
- Suppress seizure activity
- Prevent/suppress seizures caused by nerve agent poisoning
- Sedation prior to synchronized cardioversion

Contraindications:
- Shock/hypotension
- Head injury
- Acute alcohol intoxication

Adverse Effects:
- Cardiovascular:
  - tachycardia
  - bradycardia
  - hypotension
- Neurological:
  - slurred speech
  - weakness
  - dizziness
  - drowsiness
- Respiratory:
  - depression
  - apnea
  - confusion
  - blurred vision
  - apnea

Administration:
- Maximum administration ➔ 20mg IVP
  5-10mg slow IVP at 5mg/minute. Titrate to suppress seizure activity or until sedation occurs for synchronized cardioversion. May repeat as needed to maximum of 20mg.

Severe organophosphate nerve agent poisoning:
- Maximum administration ➔ 10mg IM
  10mg IM one time via autoinjector or syringe if actively seizing or after administration of 3 Mark-Is (atropine and pralidoxime chloride).

Pediatrics:
- Maximum administration ➔ 10mg IVP or PR
  0.2mg/kg slow IVP at 1mg/minute or 0.5mg/kg PR. Titrate IV dose to suppress seizure activity or until sedation occurs for synchronized cardioversion. May repeat IV dose as needed to a maximum dose of 10mg. May repeat 0.25mg/kg PR in 15 minutes one time only, not to exceed maximum of 0.75mg/kg or total of 10mg.

Severe organophosphate nerve agent poisoning:
- Maximum administration ➔ 10mg IM
  0.2mg/kg IM one time only (do not use auto-injector) - if actively seizing after administration of 1 dose of atropine and pralidoxime chloride.

Onset: 1-5 minutes
Duration: 2-3 hours

Precautions:
- Monitor and prepare to support both airway and ventilations. May cause significant respiratory depression.
- Administer slowly, avoid small veins, and flush tubing after administration. May cause pain, burning, phlebitis and thrombosis at IV site.
- Flush IV line before and after administration. Incompatible with other medications and D₅W. Give only through IV line of NS using IV port closest to patient.
- DO NOT USE AUTOINJECTOR IN PEDIATRIC PATIENTS. Muscle and nerve damage may occur in pediatric patients if the force of injection is excessive.

Note:
- May be given for focal seizures, but only if patient has an altered level of consciousness.
- Antidote for reversal of respiratory depression is Romazicon® (flumazenil).